

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 70936 JOB NAME Park

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

<div style="text-align: center;">X</div> ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<div style="text-align: center;">X</div> MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>James Belts</u> Signature <u>James Belts</u> Company Name: <u>Elizabeth Evans Custom Homes</u> CC# _____ License #: <u>CGC 1525220</u> Phone #: <u>904-708-2525</u>	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<div style="text-align: center;">X</div> PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<div style="text-align: center;">X</div> ROOFING <input type="checkbox"/>	Print Name <u>Elizabeth EVANS</u> Signature <u>Centz</u> Company Name: <u>Elizabeth Evans Custom Homes DBA E2 Roofing</u> CC# _____ License #: <u>CGC 1525220 CCC 1331511</u> Phone #: <u>904-420-8844</u>	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<div style="text-align: center;">X</div> SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<div style="text-align: center;">X</div> FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<div style="text-align: center;">X</div> SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<div style="text-align: center;">X</div> STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Ref: F.S. 440.103; ORD. 2016-30